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CONFIRMATION NO. 3073

SERIAL NUMBER 09/128,580	FILING DATE 08/04/1998 RULE	CLASS 395	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. KLR:7146.017																		
<p>APPLICANTS</p> <p>THOMAS M. GILLIHAN, PORTLAND, OR;</p> <p>LARRY ALAN WESTERMAN, PORTLAND, OR;</p> <p>** CONTINUING DATA ***** <i>NONE</i></p> <p>** FOREIGN APPLICATIONS ***** <i>NONE</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/19/1998</p> <table border="1"> <tr> <td>Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td>STATE OR COUNTRY OR</td> <td>SHEETS DRAWING 6</td> <td>TOTAL CLAIMS 18</td> <td>INDEPENDENT CLAIMS 2</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Verified and Acknowledged: <i>Allowance</i> Examiner's Signature: <i>A. Garcia</i> Initials: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>ADDRESS CHERNOFF VILHAUER MCCLUNG AND STENZEL 1600 ODS TOWER 601 SW SECOND AVENUE PORTLAND, OR 97204</p> <p>TITLE PRINTER CONTROLLER WITH ERROR RECOVERY FOR MULTIPLE LANGUAGE CAPABILITY</p> <table border="1"> <tr> <td>FILING FEE RECEIVED 790</td> <td> <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> </td> <td> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after					Verified and Acknowledged: <i>Allowance</i> Examiner's Signature: <i>A. Garcia</i> Initials: _____					FILING FEE RECEIVED 790	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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